Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the ins	structions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report	Identification Information								
For calend	dar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending	12/31/2	2012				
	eturn/report is for:	X a single-employer plan □ a		er plan (not multiemployer)	multiemployer) a one-participant plan					
B This re	eturn/report is:	the first return/report	the final return/rep							
		an amended return/report	a short plan year r	eturn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extensi	on		DFVC progra	am			
		special extension (enter descr	iption)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name	of plan				1b	Three-digit				
CSD NET 4	01(K) PLAN					plan number	001			
					10	(PN)				
					10	Effective date o	•			
2a Plan	sponsor's name and ad	dress; include room or suite numbe	er (employer if for a sir	ngle-employer plan)	2h	Employer Identi				
CSD NET,		aroos, morado room or cano name	ir (omployor, ii for a oii	igio ompioyor piam			10788			
					2c	Sponsor's telep	hone number			
874 MONT	AUK HWY					631-92				
BAYPORT,	NY 11705				2d	Business code	(see instructions)			
						54151	13			
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	or Name Same as	Plan Sponsor Address	3b	Administrator's	EIN			
					30	Administrator's	telephone number			
					30	Auministrator s	telepriorie flumbei			
		e plan sponsor has changed since t	he last return/report file	ed for this plan, enter the	4b EIN					
	•	mber from the last return/report.			4c	DNI				
	sor's name	at the beginning of the plan year			1	T	62			
		. ,			5a					
		at the end of the plan year			5b		71			
		account balances as of the end of t		•	5c		58			
_		s during the plan year invested in el					X Yes No			
_	•	the annual examination and report	•	•						
		? (See instructions on waiver eligibi					X Yes No			
If yo	u answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500	-SF and must instead use	Form	5500.				
Caution:	A penalty for the late	or incomplete filing of this return	/report will be assess	sed unless reasonable cau	use is	established.				
		her penalties set forth in the instruc								
	true, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as the electronic	version of this return/repor	t, and t	to the best of my	knowledge and			
	· · · ·									
SIGN	Filed with authorized/	valid electronic signature.	07/10/2013	JASON MICELI						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator			
SIGN	Filed with authorized/	valid electronic signature.	07/10/2013	JASON MICELI						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	nter name of individual signing as employer or plar					
Preparer's	s name (including firm n	ame, if applicable) and address; in	clude room or suite nu	mber (optional)	Prep	arer's telephone	number (optional)			

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7 Plan Assets and Liabilities	Pa	rt III Financial Information										
a Total plan isasets.	7	•		(a) Beginning of Yea	ar			(b) End o	f Yea	ır		
b Total plan flabilities	<u>.</u>		72									
C Net plan assets (subtract line 7b from line 7a)		•										
8 Income, Exponses, and Transfers for this Plan Year 2 Centitudions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rotiovers). (3) Others (including rotiovers). (3) Others (including rotiovers). (4) Sea (2) 179299 5 Total income (loss). (5) Do Ther income (loss). (6) Do Ther income (loss). (6) Do Ther income (loss). (7) Description (loss). (8) Especial (including direct rotiovers and insurance premiums of the provide brendition. (8) Especial (including direct rotiovers and insurance premiums of the provide brendition. (8) Especial (including direct rotiovers and insurance premiums of the provide brendition. (8) Especial (including direct rotiovers and insurance premiums of the provide brendition. (8) Especial (including direct rotiovers and insurance premiums of the provide brendition. (8) Especial (including direct rotiovers and insurance premiums of the provide brendition. (8) Especial (including direct rotiovers and insurance premiums of the provide brendition. (9) One oppose (loss). (1) One oppose (loss). (2) One oppose (loss). (3) One oppose (loss). (4) One oppose (loss). (4) One oppose (loss). (4) One oppose (loss). (5) One oppose (loss). (6) One oppose (loss). (6) One oppose (loss). (7) One oppose (loss). (8) One oppose (·							258			
a Combibilities receivable from: (f) Employers. (g) Employers. (g) Employers. (g) Employers. (g) Others (including rollowers). (g) Other (including rollowers). (g) Other (including rollowers). (g) Other (including officet rollowers and insurance premiums to provide benefits). (g) Other expenses (add lines 8dd, 8e, 8f, and 8g). (g) Other expenses.		·	,,,		,,,			(b) To		137 30	,	
(t) Employers 8a(1) 104737 179298 104737 179298 104737 179298 105 179298 179		·		(a) Amount				(a) 10	lai			
(3) Others (including rollovers)			8a(1)	10473	7							
b Other income (loss)		(2) Participants	8a(2)	17929	98							
b Criterincome (loss)		(3) Others (including rollovers)	8a(3)		0							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 0 0	b	Other income (loss)	8b	25179	8							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 0 0	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						53	5833		
f Administrative service providers (salaries, fees, commissions)		Benefits paid (including direct rollovers and insurance premiums	8d		0							
Solution	е	Certain deemed and/or corrective distributions (see instructions)	8e	869	5							
Some content of the plan is a service of the plan any participant contributions within the time period described in 22 CF2 Sign 3-19 (See instructions and DOL's Voluntary Fiduciary Correction Program)	f	Administrative service providers (salaries, fees, commissions)	8f	40	7							
Notal expenses (add lines 8d, 8e, 8f, and 8g)	q		8a		0							
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)								9102)	
Transfers to (from) the plan (see instructions) aj 0	ī	=							52			
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	j	, , ,			0							
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D			oj .		0							
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic C	odes in	the instructi	ons:			
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instructio	ns:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	Par	t V Compliance Questions										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)	10	During the plan year:				Yes	No	Į.	ιmoι	ınt		
on line 10a.)	а				10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	Χ					8	000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d						X					000
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner persons of the bene	s by an insurance carrier, efits under the plan? (See		X						000
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							~				14	002
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		has the plan falled to provide any benefit when due under the pla	n?		10f		^					
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					44	805
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h	2520.101-3.)			10h	X						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	· · · · · · · · · · · · · · · · · · ·			10i	X						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance										
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11											
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	11a	1a Enter the amount from Schedule SB line 39										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							No			
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.												
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	If a waiver of the minimum funding standard for a prior year is being	ng amortize	ed in this plan year, see instru		and	_			er rul	ing	
b Enter the minimum required contribution for this plan year	If											

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nov 1210-0110

1210-0089

This Form is Open to Public

Department of Labor Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number CSD NET 401(k) PLAN 001 (PN) > 1c Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 11-3410788 CSD NET, INC. 2c Sponsor's telephone number (631) 924-7373 874 MONTAUK HWY 2d Business code (see instructions) 541513 NY 11705 BAYPORT 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year 62 5a 71 b Total number of participants at the end of the plan year 5b c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 58 complete this item). X Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 GFR 2520.104-46? (See instructions on waiver eligibility and conditions.).... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete JASON MICELI SIGN HERE

Enter name of individual signing as plan administrator Signature of plan administrator JASON MICELI SIGN HERE **7**/(0//3 Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor Preparer's telephone number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite humber (optional)

Pai	rt III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Year	·	T		(b) End of Year	
	Total plan assets	7a	2,063		9		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	39,790
	Total plan liabilities	7b		(0
	Net plan assets (subtract line 7b from line 7a)	7.c	2,063	,059	9 .		2,58	39,790
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:							
	(1) Employers	8a(1)	104	, 737	7			
	(2) Participants	8a(2)	179	,298	3		·····	
	(3) Others (including rollovers)	8a(3)	<u> </u>	(
b	Other income (loss)	8b	251	.,798	В			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- COMPANY			5	35,833
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	8	3,69				-
f	Administrative service providers (salaries, fees, commissions)	8f		40'	7			· · · · · · · · · · · · · · · · · · ·
g	Other expenses	8g			0	******		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			9,102
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			4_		5	26,731
j	Transfers to (from) the plan (see instructions)	8j			0	i, ()i,i		
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature coo	les from the List of Plan Chara	acteris	tic Cc	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cteristi	c Coc	les in th	ne instructions:	
Par	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	wyczą, jo po prze 1944 tw
ć	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions withir uciary Corre	n the time period described in ection Program)	10a		Х		
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not i	nclude transactions reported	10b		Х		
	Was the plan covered by a fidelity bond?			10c	Х			8,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х		
	Were any fees or commissions paid to any brokers, agents, or ot				***************************************			······································
•	insurance service or other organization that provides some or all	of the bene	efits under the plan? (See	ا . ا	37			14 000
	instructions.)	******		10e	X	 		14,002
1	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
•	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	Х			44,805
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	Х			
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i	Х			
Par	rt VI Pension Funding Compliance							
11		nents? (If "	Yes," see instructions and con	nplete	Sche	dule St	3 (Form Ye	s XNo
11	a Enter the amount from Schedule SB line 39				ŀ	11a		
12							ERISA? Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					- 12 01		اسط
	a If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortiz	ed in this plan year, see instru	uctions	, and	enter ti Day	ne date of the letter Year	ruling
	granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (For	m 5500), and skip to line 13					
	b Enter the minimum required contribution for this plan year					12b		

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	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No [N/A	
Part						
	Has a resolution to terminate the plan been adopted in any plan year?	🔲 `	Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e control		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	s) to				
-	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)	
	VIII Tweet Information (antional)					
Part VIII Trust Information (optional) 14a Name of trust						
144	Name of trust		rust's EIN			